| | OIPE | PART I | B - FEE(S) TRA | NSMITTAL | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| (Fig. | JUL 3 0 2007 | | or <u>Fax</u> | Mail Stop ISSUE FE Commissioner for Pa P.O. Box 1450 Alexandria, Virginia (571)-273-2885 | 22313-1450 | |
| INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica | form should be used to correspond to the corresponding to the correspond | or transmitting the ISSI of the Patent, advance of the rewise in Block 1, by (| UE FEE and PUBLIC rders and notification a) specifying a new of | CATION FEE (if required). of maintenance fees will be correspondence address; and/ | Blocks I through 5 to mailed to the curren or (b) indicating a sep | should be completed where t correspondence address as arate "FEE ADDRESS" for |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must | | |
| 7590 06/26/2007 | | | | have its own certificate of m | ailing or transmission. | |
| K. S. Cornaby Jones Waldo Holbrook & McDonough Suite 1500 170 South Main Street | | | | Certifica I hereby certify that this Fe States Postal Service with s addressed to the Mail Sto transmitted to the USPTO (| te of Mailing or Tran e(s) Transmittal is bein ufficient postage for fit o ISSUE FEE address ion in 273-2885, on the | smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below. |
| Salt Lake City, U | | | | Roberta M. Kel | Ly A | (Depositor's name) |
| 07/31/2007 FMETEKI2 | 2 00000018 10809989 | | | July 27, 2007 | The Re | (Signature) |
| 01 FC:2501 02 A+1504 TION NO. | 700. | 00 OP | FIRST NAMED INVEN | | ODNEY DOCKET NO | |
| 10/809,989 | 03/26/2004 | <u>õõ ürl</u> | David Hughes Ho | <u></u> | ORNEY DOCKET NO. 00179.0002 | CONFIRMATION NO. 9603 |
| TITLE OF INVENTION | I: PROCESS FOR INCR | EASING STRENGTH, F | LEXIBILITY AND F | FATIGUE LIFE OF METALS | 3 | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE | DUE PREV. PAID ISSUE FEE | TOTAL FEE(S) DUI | DATE DUE |
| nonprovisional | YES | \$700 | \$300 | \$0 | \$1000 | 09/26/2007 |
| EXAM | IINER | ART UNIT | CLASS-SUBCLAS | s | | |
| ALANKO, ANITA KAREN 1765 | | | 216-032000 | | lones | Waldo |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON | THE PATENT (print | or type) | | |
| PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI | | ified below, no assignee oletion of this form is NC | | the patent. If an assignee is g an assignment. CITY and STATE OR COUN | | document has been filed for |
| Please check the appropr | riate assignee category or | categories (will not be p | rinted on the patent): | ☐ Individual ☐ Corpora | ation or other private gr | oup entity Government |
| 4a. The following fee(s) are submitted: Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | | | | | | |
| | s SMALL ENTITY state | ıs. See 37 CFR 1.27. | ☐ b. Applicant is n | o longer claiming SMALL El | NTITY status. See 37 C | CFR 1.27(g)(2). |
| NOTE: The Issue Fee an interest as shown by the | d Publication Fee (if req records of the United Sta | uired) will not be accepte tes Patent and Trademark | ed from anyone other to Office. | han the applicant; a registered | d attorney or agent; or (| he assignee or other party in |
| Authorized Signature | Y/AX | Tulm. | · | Date July 27, 2007 | | |
| Typed or printed name K. S. Cornaby | | | | Registration No. 24,721 | | |
| This collection of inform | nation is required by 37 C | CFR 1.311. The information of the CFP and 37 CFP | on is required to obtai | n or retain a benefit by the pu | blic which is to file (ar | d by the USPTO to process |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122.and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.